Please type a plus sign (+) inside this box - +

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| Attomey Docket No.    | UMNJ-P01-001                     |
|-----------------------|----------------------------------|
| First Inventor        | David J. Foran                   |
| Title                 | Collaborative Diagnostic Systems |
| Evergon Mail Lobel No | EX 000 087 708 XIO               |

APPLICATION ELEMENTS Assistant Commissioner for Patents ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, D.C. 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original, and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. See 37 CFR 1.27. 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) Computer Readable Form (CRF) Specification [Total Pages (preferred arrangement set forth below) Specification Sequence Listing on: - Descriptive title of the invention - Cross Reference to Related Applications i. CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention **ACCOMPANYING APPLICATION PARTS** - Brief Description of the Drawings (if filed) - Detailed Description 9. Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement - Abstract of the Disclosure 10. Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 4. Drawing(s) (35 U.S.C. 113) [Total Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations 12. 12 5. Oath or Declaration [Total Pages 13. Preliminary Amendment Newly executed (original or copy) Return Receipt Postcard (MPEP 503) 14. (Should be specifically itemized) Copy from a prior application (37 CFR 1.63(d)) Certified Copy of Priority Document(s) (for continuation/divisional with Box 18 completed) 15. (if foreign priority is claimed) Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 DELETION OF INVENTOR(S) 16. Signed statement attached deleting inventor(s) or its equivalent. named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 17. Other: Application Data Sheet. See 37 CFR 1.76 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, 18. or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group / Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Correspondence address below Name Address City State Zip Code Country Te/ephone Fax Name (Print/Type) Registration No. (Attorney/Agent) Robert A. Mazzayese 42,852 Signature Date November 29, 2001

Burden Hour Statement. This form is estimated to take 2.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (XX-XX)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to r espond to a collection of information unless it displays a valid OMB control number.

| EE TRANSMITTAL                  |               | Complete if Known    |                   |  |  |  |
|---------------------------------|---------------|----------------------|-------------------|--|--|--|
| for FY 20                       |               | Application Number   | N/A               |  |  |  |
| 101 F 1 Z                       | 102           | Filing Date          | November 29, 2001 |  |  |  |
|                                 |               | First Named Inventor | David J. Foran    |  |  |  |
| Patent fees are subject to annu | ual revision. | Examiner Name        | N/A               |  |  |  |
|                                 |               | Group Art Unit       | N/A               |  |  |  |
| TOTAL AMOUNT OF PAYMENT         | \$490.00      | Attorney Docket No.  | UMN.I-P01-001     |  |  |  |

Attorney Docket No.

UMNJ-P01-001

| METHOD OF PAYMENT  |                | FEE CALCULATION (continued)                    |                |               |   |                 |                     |          |
|--|----------------|--|----------------|---------------|---|-----------------|---------------------|----------|
| The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:           |                | 3. ADDITIONAL FEES                             |                |               |   |                 |                     |          |
| Deposit Deposit  | Large E<br>Fee | Fee  | Smail I<br>Fee | Entity<br>Fee | Feel  | Descriptio      | Nn.                 | Fee Paid |
| Account Number 18-1945   | Code<br>105    | <b>(\$)</b><br>130                             | Code<br>205    | (\$)<br>65    | Surcharge - late  | •               |                     | reeralu  |
| Deposit  | 127            | 50   | 227            |               |   | •               | filing fee or cover |          |
| Account Name Ropes & Gray  | 139            |  |                |               | sheet   | •               |                     |          |
| Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17   |                | 130  | 139            |               | Non - English specification   |                 |                     |          |
| Augheent eleme emell onthe eleter  | 1              | 2,520  |                |               | For filling a request for ex parte reexamination  Requesting publication of SIR prior to Examiner |                 |                     |          |
| See 37 CFR § 1 27  | 112            | 920*   | 112            | 920*          | action  | ication of Si   | R prior to Examiner |          |
| 2. Payment Enclosed:   | 113            | 1,840*   | 113            | 1,840*        | Requesting publ action  | ication of SI   | R after Examiner    |          |
| Check Credit card Money Other  | 115            | 110  | 215            | 55            | Extension for rep   | oly within fire | st month            |          |
| FEE CALCULATION  | 116            | 400  | 216            | 200           | Extension for rep   | ply within se   | cond month          |          |
| 1. BASIC FILING FEE  | 117            | 920  | 217            | 460           | Extension for reply within third month  |                 |                     |          |
| Large Entity Small Entity  | 118            | 1,440  | 218            | 720           | Extension for reply within fourth month   |                 |                     |          |
| Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid   | 128            | 1,960  | 228            | 980           | Extension for reply within fifth month  |                 |                     |          |
| 101 740 201 370 Utility filing fee 370.00  | 119            | 320  | 219            | 160           | Notice of Appea   | l               |                     |          |
| 106 330 206 165 Design filing fee  | 120            | 320  | 220            | 160           | Filing a brief in s   | support of an   | n appeal            |          |
| 107 510 207 255 Plant filing fee   | 121            | 280  | 221            | 140           | Request for oral  | hearing         |                     |          |
| 108 740 208 370 Reissue filing fee   | 138            | 1,510  | 138            | 1,510         | Petition to institu   | ite a public ι  | use proceeding      |          |
| 114 160 214 80 Provisional filing fee  | 140            | 110  | 240            | 55            | Petition to revive  | e - unavoida    | ble                 |          |
| SUBTOTAL (1) \$370.00  | 141            | 1,280  | 241            | ,640          | Petition to revive - unintentional  |                 |                     |          |
| 2. EXTRA CLAIM FEES  | 142            | 1,280  | 242            | 640           | Utility issue fee   | (or reissue)    |                     |          |
| Fee from   | 143            | 460  | 243            | 230           | Design issue fee  | •               |                     |          |
| Extra Claims   below   Fee Paid  |                | 620  | 244            | 310           | Plant issue fee   |                 |                     |          |
|  |                | 130  | 122            | 130           | Petitions to the  | Commission      | er                  |          |
|  |                | 50   | 123            | 50            | Processing fee under 37 CFR § 1.17(q)   |                 |                     |          |
| Large Entity Small Entity  |                | 180  | 126            | 180           | Submission of Ir<br>Statement   | nformation E    | Disclosure          |          |
| Fee Fee Fee Fee Description Code (\$) Code (\$)  | 581            | 40   | 581            | 40            |   |                 | nment per property  |          |
| 103 18 203 9 Claims in excess of 20  | 146            | 740  | 246            | 370           | <u>-</u>  | ion after fina  |                     |          |
| 102 84 202 42 Independent claims in excess of 3<br>104 280 204 140 Multiple dependent claim, if not paid | 149            | 740  | 249            | 370           | For each additio  | nal invention   | n to be examined    |          |
| 109 84 209 42 ** Reissue independent claims  | 179            | 740  | 279            | 370           | (37 CFR § 1.12<br>Request for Cor   |                 | mination (RCF)      |          |
| over original patent   | 169            | 900  |                |               | Request for exp   |                 | • •                 |          |
| 110 18 210 9 ** Reissue claims in excess of 20<br>and over original patent                               |                | of a design application  Other fee (specify)   |                |               |   |                 |                     |          |
| SUBTOTAL (2) \$120.00  |                | 300  | (Sp. Sony      | <i>,</i>      |   |                 |                     | L        |
| **or number previously paid, if greater, For Reissues, see above   | *Re            | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) |                |               |   |                 |                     |          |
| SUBMITTED BY   |                |  |                |               |   | Complete (      | f applicable)       |          |
| Name (Print/Type) Robert A, Mazzarese Registration No. (Attorney/Agent) 42,852 Telephone (617) 951-7000  |                |  |                |               |   | -7000           |                     |          |
| Signature // AMD // MMM/   |                |  |                |               |   | Date            | November 29         | 2001     |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| CEDTIFICATE OF           | MAILING BY "EXPRESS I  | MAH !! (27 CFD 1 10)                      | Docket No.   |
|--------------------------|--|---|--|
| applicant(s): David J. F |  | MAIL* (37 CFR 1.10)                       | UMNJ-P01-001   |
| Serial No.<br>N/A        | Filing Date Examiner Group November 29, 2001 N/A N             |   |  |
| vention: COLLABOR        | RATIVE DIAGNOSTIC SYSTEM                                       | S   |  |
|                          | e following correspondence: tion; Declaration Power of Attores | ny documents (12 pgs); Formal D           | rawings  |
|                          |  |   |  |
| is being deposited with  | h the United States Postal Servi                               | of correspondence)                        | A delucación de la completa del completa del completa de la completa del completa del completa de la completa del completa |
|                          |  |   |  |
|                          | velope addressed to: The Assista                               | nt Commissioner for Patents, W            | ashington, D.C. 20231 on   |
| November (Date           |  |   |  |
|                          |  | MICHAEL CI                                | COWLEY   |
|                          | <del></del>  | (Typed or Printed Name of Person Ma       | niling Correspondence)   |
|                          |  | Willer                                    | Cowly  |
|                          |  | (Signaturè of Person Mailing C            |  |
|                          |  | EL 920 876 69' ("Express Mail" Mailing Lo |  |
|                          |  | ,   | ,  |
|                          |  |   |  |
|                          |  |   |  |
|                          | Note: Each paper must ha                                       | ve its own certificate of mailing.        |  |
|                          |  |   |  |
|                          |  |   |  |
|                          |  |   |  |
|                          |  |   |  |
|                          |  |   |  |